

PATENT APPLICATION FEE DETERMINATION RECORD  
 Substitute for Form PTO-876

10080771  
 Application Number

CLAIMS AS FILED - PART I			OTHER THAN SMALL ENTITY		
(Column 1)	(Column 2)	(Column 3)	OR	OTHER THAN SMALL ENTITY	(Column 2)
FOR:	NUMBER FILED	NUMBER EXTRA	SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
BASIC FEE 37 CFR 1.16(a)			RATE \$25.00	OR	RATE \$70.00
TOTAL CLAIMS 37 CFR 1.16(c)	claims 20 =		X \$25.00	OR	X \$70.00
INDEPENDENT CLAIMS 37 CFR 1.16(d)	claims 3 =		X \$100.00	OR	X \$200.00
MULTIPLE DEPENDENT CLAIM PRESENT 37 CFR 1.16(d)			X \$180.00	OR	X \$360.00
			TOTAL	OR	TOTAL
* If the difference in column 1 is less than zero, enter "0" in column 2.					
CLAIMS AS AMENDED - PART II			OTHER THAN SMALL ENTITY		
(Column 1)	(Column 2)	(Column 3)	SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
Total 37 CFR 1.16(e)	30	1000	0	X \$25	
Independent 37 CFR 1.16(e)	30	1000	0	X \$100	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 37 CFR 1.16(e)			X \$180	OR	X \$360
			TOTAL ADD'L FEE	OR	TOTAL ADD'L FEE
4-10-06					
(Column 1)	(Column 2)	(Column 3)	SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
Total 37 CFR 1.16(e)	30	1000	0	X \$25	
Independent 37 CFR 1.16(e)	30	1000	0	X \$100	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 37 CFR 1.16(e)			X \$180	OR	X \$360
			TOTAL ADD'L FEE	OR	TOTAL ADD'L FEE
10-10-06					
(Column 1)	(Column 2)	(Column 3)	SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
Total 37 CFR 1.16(e)	24	30	0	X \$25	
Independent 37 CFR 1.16(e)	24	4	0	X \$100	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 37 CFR 1.16(e)			X \$180	OR	X \$360
			TOTAL ADD'L FEE	OR	TOTAL ADD'L FEE

\* If the entry in column 1 is less than the entry in column 2, enter "0" in column 2.  
 \*\* If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20".  
 \*\*\* If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3".

If you need assistance in completing the form, call 1-800-PTO-4109 and select option 2.